Peer Navigator

1. Assist participants with understanding and completing reentry case plans, including treatment and intervention services. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)

2. Staff the Probation Service Center during center hours. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)

3. Provide release connection support in the community outside of normal center hours. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)

4. Enroll and provide orientation to clients accessing Service Center services. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)

5. Meet with clients upon release from custody and connect them to service providers. (4 – Health related Outreach) (6 – Referral, Coordination and Monitoring of Medi-Cal Services)

6. Support clients in accessing public benefits such as CalFresh and Medi-Cal. (4 – Health related Outreach) (8 – Facilitating Medi-Cal Application)

7. Assist in the data collection, tracking, and reporting of client data. (6 – Health related Referral, Coordination and Monitoring of Medi-Cal Services)

8. Manage all incoming participant referrals, eligibility screening and service assignment. (6 – Health related Referral, Coordination and Monitoring of Medi-Cal Services)

9. Support the Probation Department to develop and establish program evaluation measurements and outcomes. (15 & 17 – Health related Program Planning and Policy Development)

10. Identify and address barriers to successful service engagement and completion. (15 & 17 – Health related Program Planning and Policy Development)

11. Prepare proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration. (15 & 17 – Health related Program Planning and Policy Development)

12. Assist in the process of identification of new partners and expanding services. (15 & 17 – Health related Program Planning and Policy Development)

13. Attends training related to the performance of MAA. (20 – MAA Implementation Training)

Participant Signature (please sign in blue ink) ____________________ Date __________

Participant Name (Please print) ____________________